| | (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--------|--|--|-------------------------------|
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | - |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | 01.241 | 5.604 |
| 15. | Other Workers Comp Line of Insurance | \$1,341 | -5.6% |
| | Line of Insurance | | |
| Does f | iling only apply to certain territory (to | erritories) or certain classes? If so, specify: | |
| | description of filing. (If filing follows of the NCCI's 01/14 loss costs from circular parts of the NCCI's 0 | s rates of an advisory organization, specify or cular IL-2013-06. | organization): |

All America Insurance Company
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

| Priv Cor 2. Auto Priv Cor 3. Liab; 4. Burg 5. Glas; 6. Fidel 7. Suret 8. Boile 9. Fire | | Volume (Illinois)* | Change (+ or -)** |
|--|--|--------------------|-------------------|
| Priv Cor 2. Auto Priv Cor 3. Liab; 4. Burg 5. Glas; 6. Fidel 7. Suret 8. Boile 9. Fire | ate Passenger Imercial Imobile Physical Damage Interest Passenger Imercial Ity Other Than Auto Ity and Theft | | |
| 2. Auto Priv Cor 3. Liabi 4. Burg 5. Glass 6. Fidel 7. Suret 8. Boile 9. Fire | nmercial mobile Physical Damage ate Passenger nmercial ity Other Than Auto ary and Theft | | |
| 2. Auto Priv Cor 3. Liab 4. Burg 5. Glas 6. Fidel 7. Sure 8. Boile 9. Fire | nobile Physical Damage ate Passenger amercial ity Other Than Auto ary and Theft | | |
| Priv Cor 3. Liab: 4. Burg 5. Glass 6. Fidel 7. Surer 8. Boile 9. Fire | ate Passenger Amercial ity Other Than Auto ary and Theft | | |
| Cor 3. Liab 4. Burg 5. Glass 6. Fidel 7. Sures 8. Boile 9. Fire | imercial ity Other Than Auto ary and Theft | | |
| Liab Burg Glass Fidel Sures Boile Fire | ity Other Than Auto ary and Theft | | |
| Burg Glass Fidel Suret Boile Fire | ary and Theft | | |
| Glass Fidel Surer Boile Fire | · | | |
| 6. Fidel7. Sure8. Boile9. Fire | | | |
| 7. Suret8. Boile9. Fire | tv | | |
| 8. Boile 9. Fire | ty . | | |
| 9. Fire | | | |
| | r and Machinery | | |
| 10 10 | | | |
| | ded Coverage | | |
| | d Marine | | |
| | owners | | |
| | nercial Multi-Peril | | |
| Crop | | | |
| 15. Othe | Workers | | |
| | Compensation | \$5,261,245 | +1.70% |
| | Line of Insurance | | \ |

American Family Mutual Insurance Company Name of Company

Paul Amend, Actuarial Filing and Compliance Analyst
Official - Title

^{*} Adjusted to reflect all prior rate changes.** Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

| olume (Illin | | Change (+or-) ** |
|----------------------|---|--|
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
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| | | |
| | ······································ | |
| | *************************************** | |
| | | |
| | | |
| 1,267 | *************************************** | +2.5% |
| | ······································ | |
| ritory (territ | ories) or c | certain |
| ollows rates | s of an ad | visory |
| movio rato. | o or arrac | videry |
| AmGUARD wi | shes to amen | nd its deviation from the |
| pril 1, 2014. | | |
| | | |
| anges. evel which | will result | from application of n |
| | Amguard wi pril 1, 2014. anges. evel which | ollows rates of an ad AmGUARD wishes to amer pril 1, 2014. |

Official - Title

FORM (RF-3)

SUMMARY SHEET

| - | (1) | (2) Annual Premium | (3) Percent Change (+or-) ** |
|-----|---|---------------------------------------|--|
| 1. | Coverage Automobile Liability Private | Volume (Illinois) * | Change (+or-) ** |
| ١. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| _ | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | · · · · · · · · · · · · · · · · · · · | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 4,028,903 | 0.0 |
| | Life of Insurance | · | |
| * | Does filing only apply to certa Classes? If so, specify: No | ain territory (territories) o | r certain |
| | Brief description of filing. (If f Organization, specify organization): | • | advisory 013-06. Submit a 12.50% rate deviation |
| | | | |
| | *Adjusted to reflect all prior ra **Change in Company's premates. | | ult from application of new |
| | 10.00. | Association Insura | ance Company |
| | | | ame of Company |

Russell S. Shuster Director - Product Management
Official - Title

FORM (RF-3)

SUMMARY SHEET

| | (1) | (2) Annual Premium | (3) Percent | | |
|---|--|--------------------------------|--|--|--|
| _ | Coverage | Volume (Illinois) * | Change (+or-) ** | | |
| | Automobile Liability Private | | | | |
| | Passenger | | | | |
| | Commercial | | ************************************** | | |
| | Automobile Physical Damag | | | | |
| | Private Passenger | | ###################################### | | |
| | Commercial | | | | |
| | Liability Other Than Auto | | | | |
| | Burglary and Theft | | | | |
| | Glass | | | | |
| | Fidelity | | | | |
| | Surety | | | | |
| | Boiler and Machinery | | | | |
| | Fire | | | | |
| | Extended Coverage | | | | |
| | Inland Marine | | | | |
| | Homeowners | | | | |
| | Commercial Multi-Peril | | | | |
| | Crop Hail | | | | |
| | Other wc | 1,656,934 | -4.6% | | |
| | Life of Insurance | | | | |
| | Does filing only apply to certa Classes? If so, | nin territory (territories) or | certain | | |
| | specify: No | | | | |
| | | | | | |
| | Brief description of filing. (If filing follows rates of an advisory | | | | |
| | Organization, specify | Advatta a stille NOOLV | 0.41 1 01 1 1 0040 00 | | |
| | organization): | | S Costs in Circular IL-2013-06 | | |
| | amending our LCM from 1.00 to 1.04 ef | fective 4/15/14. | | | |
| | *Adjusted to reflect all prior ra | ite changes. | · · · · · · · · · · · · · · · · · · · | | |
| | **Change in Company's prem | | t from application of ne | | |
| | rates. | | | | |
| | | Atlantic Specialty I | nsurance Company | | |
| | | rtianio oposialty ii | lourance company | | |
| | | | ne of Company | | |
| | | Nar | | | |

| | | (1) | (2) Annual Premium | (3) Percent |
|---------|-------------|---------------------------------|---|--------------------------|
| | | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automo | obile Liability | | |
| | | e Passenger | | |
| | Comm | nercial | | |
| 2. | Automo | obile Physical Damage | | |
| | Private | e Passenger | | |
| | Comm | | | |
| 3. | | y Other Than Auto | | |
| 4. | • | y and Theft | | |
| 5. | Glass | | | |
| 6. | Fidelity | , | | |
| 7. | Surety | | | |
| 8. | | and Machinery | | |
| 9. | Fire | | | |
| 10. | | ed Coverage | | |
| 11. | Inland I | | | |
| 12. | Homeo | | | |
| 13. | | ercial Multi-Peril | | |
| 14. | Crop H | | | |
| 15. | Other | Workers' Compensation | 4 210 620 | -4.6 |
| | | Line of Insurance | 4,318,628 | |
| | | Line of hisurance | | |
| oes f | filing only | apply to certain territory (ter | ritories) or certain classes? If so, specify: | |
| NA | | | | |
| | | | | |
| | | | | |
| Brief o | description | of filing. (If filing follows) | rates of an advisory organization, specify of | organization): |
| | | | rerall premium level change of -4.5. | , |
| #228 | 8-19992. K | Seeping the previously filed a | and approved deviations for group I, II, III, | and group IV |

* Adjusted to reflect all prior rate changes.

American Select Insurance Co.
Name of Company

Rhonda Roberts, CIC
Line of Business Specialist
Commercial Underwriting Office
Official - Title

^{**} Change in Company's premium level which will result from application of new rates.

| | (1) | (2) | (3) |
|--------|--|---|---|
| | <u>Coverage</u> | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Comp | \$144,000 | -5.6% |
| | Line of Insurance | | |
| Does f | filing only apply to certain territory | (territories) or certain classes? If so, specify: | |
| na | ining only apply to certain territory (| (territories) or certain classes: It so, specify. | |
| | | | |
| | | | |
| Brief | description of filing. (If filing follow | ws rates of an advisory organization, specify of | organization): |
| | pting NCCI's 01/14 loss costs from c | | |
| | | | |
| | | | |
| | | | |
| | djusted to reflect all prior rate chang | | |
| | hange in Company's premium level | which will | |
| re | esult from application of new rates. | | |

Central Mutual Ins Co

Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

Adjust to reflect all prior rate changes.

| | Change in Company's premium or rate | level produced by rate revision effective | 3/1/14 |
|------|--|--|-------------------|
| | | | |
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | • | | |
| 12. | Homeowners | ··· | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| | Other Workers Compensation | \$1,843,991 | -6.1% |
| | Line of Insurance | | |
| | | | |
| Doe | s filing only apply to certain territory (terri | itories) or certain classes? If so, specify: | No |
| | | | |
| | | | |
| | | | |
| Brie | f description of filing. (If filing follows rate | es of an advisory organization, specify orga | nization): |
| | Adopting NCCI loss costs approved in I | L-2013-06 to be effective 3/1/14. | |
| | | | |
| | | | |
| | | | |
| | | | |

Change in Company's premium level which will result from application of new rates.

COLUMBIA NATIONAL INS. CO.
Name of Company

Dennis McVay, CPCU

<u>Director, Research & Development</u>

Official - Title

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or rat | e level produced by rate revision |
|------------------------------------|-----------------------------------|
| effective 01/01/2014 | • |

| - | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|---------------------------------------|
| 1. | Automobile Liability Private | Volume (minors) | Change (+OI*) |
| , . | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| _ | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | · · · · · · · · · · · · · · · · · · · |
| 6. | Fidelity | | |
| 7. | Surety | ** · · · · · · · · · · · · · · · · · · | |
| 3. | Boiler and Machinery | | |
| 9. | Fire | *** | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | • |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | \$11,177,571 | -4.2% |
| | Life of Insurance | | |
| • | Does filing only apply to certa Classes? If so, specify: No | ain territory (territories) or | certain |
| | | | |
| | Brief description of filing. (If the Organization, specify | filing follows rates of an ad | dvisory |
| | organization): | Adopt NCCI 1/1/2014 | loss costs |
| | | | |
| | | | |
| | *Adjusted to reflect all prior ra **Change in Company's pren | | t from application of new |
| | rates. | Emple | ana Campany |
| | | Employers Assurar | ice Company |

Name of Company
Steven Koester, Underwriting Business Analyst
Official – Title

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) Annual Premium | (3) Percent |
|---|-------------------------------------|---------------------------------|
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Priva | ate | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Dai | mag | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other wc | 19,700 | -24.5% |
| Life of Insurance | | |
| Does filing only apply to Classes? If so. | certain territory (territories) or | certain |
| , | lo | |
| | | |
| | . (If filing follows rates of an ac | dvisory |
| Organization, specify organization): | Adoption of the NCCLL of | s Costs in Circular IL-2013-06 |
| amending our LCM from 1.833 to | | S COSIS III CIICUIAI IL-2013-00 |
| amending our Low from 1.855 to | 11.400 ellective 4/13/14. | |
| *Adjusted to reflect all pi | • | |
| rates. | premium level which will resul | t from application of ne |
| | Employer's Fire Ins | |
| | | ne of Company |
| | | of Underwriting Officer |
| | C | Official – Title |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision |
|---|
| effective 01/01/2014 . |
| |

| (1) | (2) Annual Premium | (3) Percent |
|---|------------------------------|------------------|
| Coverage Automobile Liability Private | Volume (Illinois) * | Change (+or-) ** |
| Passenger | | |
| Commercial | | |
| | | |
| Automobile Physical Damag Private Passenger | | • |
| Commercial | | |
| | | |
| Liability Other Than Auto | | |
| Burglary and Theft Glass | | |
| Fidelity | | |
| • | | |
| Surety Reiler and Machinen | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers Compensation Life of Insurance | \$234,242 | -4.0% |
| Does filing only apply to certai | n torritory (torritorios) or | cortain |
| Classes? If so, | intermory (termones) or | Certain |
| specify: No | | |
| specify. | | |
| Brief description of filing. (If fil | ing follows rates of an ac | dvisory |
| Organization, specify | | |
| organization): | Adopt NCCI 1/1/2014 | loss costs |
| | | |
| *Adjusted to reflect all prior rat | e changes | |
| **Change in Company's premi | | . f |

Employers Compensation Insurance Company Name of Company Steven Koester, Underwriting Business Analyst Official – Title

rates.

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or rate lev | vel produced by rate revision |
|---|-------------------------------|
| effective 01/01/2014 | • |

| - | (1) | (2) Annual Premium | (3) Percent |
|---------|--|---------------------------------------|---|
| 1. | Coverage | Volume (Illinois) * | Change (+or-) ** |
| ١. | Automobile Liability Private | | |
| | Passenger | | |
| 2 | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | |
| า | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. - | Burglary and Theft | | |
| 5. | Glass | | |
| 3. | Fidelity | | |
| 7. | Surety | · | |
| 3. | Boiler and Machinery | | |
| €. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | *************************************** |
| 14. | Crop Hail | **** | |
| 15. | Other Workers Compensation | \$20,569,177 | -4.2% |
| | Life of Insurance | | |
| • | Does filing only apply to certa Classes? If so, specify: No | ain territory (territories) or | certain |
| | | | |
| | Brief description of filing. (If f | iling follows rates of an ac | dvisory |
| | Organization, specify | | |
| | organization): | Adopt NCCI 1/1/2014 | loss costs |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | *Adjusted to reflect all prior ra **Change in Company's pren- rates. | | t from application of new |
| | | Employers Preferre | ed Insurance Company |

Name of Company
Steven Koester, Underwriting Business Analyst
Official – Title

| | ge in Company's premium or rate level evision effective | I produced by | April 01, 2014 |
|-------|--|---|------------------------------------|
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)* |
| 1. | Automobile Liability Private | | |
| •• | Passenger Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | - |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation Line of Insurance | 27,370,342 | 0.0% |
| | | | |
| Does | this filing only apply to certain territory | (territories) or certain of | classes? |
| If so | , specify: | | No |

12/5/2013

Hartford Accident and Indemnity Company will deviate -30% from the group rates. including a loading for our own expenses with an expense multiplier of 1.291.

> Hartford Accident and Indemnity Company Name of Company Susan Blanchard Consultant Pricing Official-Title

^{*} Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

| | evision effect | tive | | April 01, 2014 |
|-----|----------------|-----------------------|-----------------------|------------------|
| | | (1) | (2) Annual Premium | (3) Percent |
| | | Coverage | Volume (Illinois)* | Change (+ or -)* |
| 1. | Automobile | e Liability Private | | |
| | | r Commercial | | |
| 2. | Automobile | e Physical Damage | | |
| | Private Pa | ssenger Commercial | | |
| 3. | Liability Ot | her Than Auto | | |
| 4. | Burglary a | nd Theft | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and | Machinery | | |
| 9. | Fire | | | |
| 10. | Extended (| Coverage | | |
| 11. | Inland Mar | rine | | |
| 12. | Homeown | ers | | |
| 13. | Commerci | al Multi-Peril | | |
| 14. | Crop Hail | | | |
| 15. | Other | Workers' Compensation | 17,197,098 | 0.0% |
| | | Line of Insurance | | |

12/5/2013

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Casualty Insurance Company will deviate 20% from the group rates. including a loading for our own expenses with an expense multiplier of 2.213.

Hartford Casualty Insurance Company Name of Company Susan Blanchard Consultant Pricing Official-Title

^{*} Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

| iale ie | vision effe | Cuve | | April 01, 2014 |
|---------|--------------|-----------------------------------|---------------------------|------------------|
| | | (1) | (2) Annual Premium | (3) Percent |
| | | Coverage | Volume (Illinois)* | Change (+ or -)* |
| 1. | Automob | oile Liability Private | | |
| •• | | er Commercial | | |
| 2. | _ | pile Physical Damage | | |
| | | Passenger Commercial | | |
| 3. | | Other Than Auto | | |
| 4. | | and Theft | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | • | d Machinery | | |
| 9. | Fire | · | | |
| 10. | Extended | d Coverage | | |
| 11. | Inland M | arine | | |
| 12. | Homeow | rners | | |
| 13. | Commer | cial Multi-Peril | | |
| 14. | Crop Ha | il | | |
| 15. | Other | Workers' Compensation | 19,898,843 | 0.0% |
| | | Line of Insurance | | |
| Does t | his filing c | only apply to certain territory (| territories) or certain o | dasses? |
| If so, | specify: | | | No |

ILLINOIS DEPARTMENT OF INSURANCE

12/5/2013

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Fire Insurance Company will deviate -10% from the group rates. including a loading for our own expenses with an expense multiplier of 1.66.

Hartford Fire Insurance Company
Name of Company
Susan Blanchard
Consultant Pricing
Official-Title

| | (1) | (2) | (2) |
|-----|---|-----------------------|------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)* |
| 1. | Automobile Liability Private | | |
| ٠. | Passenger Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | · | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation Line of Insurance | 22,153,289 | -0.1% |

12/5/2013

ILLINOIS DEPARTMENT OF INSURANCE

Hartford Insurance Company Of Illinois will deviate -20% from the group rates. including a loading for our own expenses with an expense multiplier of 1.475.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Insurance Company Of Illinois Name of Company Susan Blanchard Consultant Pricing Official-Title

^{*} Adjusted to reflect all prior rate changes.
** Change in the company's premium level which will result from application of new rates.

| ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET | | | | |
|---|--|---|-------------------------------------|--|
| | ge in Company's premium or rate level p evision effective | produced by | April 01, 2014 | |
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** | |
| 1. | Automobile Liability Private Passenger Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | | - | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | ···· | |
| 15. | Other Workers' Compensation Line of Insurance | 31,193,101 | 5.6% | |
| | this filing only apply to certain territory (specify: | territories) or certain o | classes? No | |

12/5/2013

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Insurance Company of the Midwest will deviate -45% from the group rates. including a loading for our own expenses with an expense multiplier of 1.014.

<u>Hartford Insurance Company of the Midwest</u> Name of Company Susan Blanchard Consultant Pricing Official-Title

^{*} Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

| | OIS DEPARTMENT OF INS | URANCE | | | |
|----------|--|------------------|---|-------------------------------------|---------|
| | ge in Company's premium or evision effective | r rate level pi | roduced by | April 01, 2014 | |
| | (1) Coverag | 10 | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** | |
| | Coverag | JE | Volume (minois) | Change (1 Or -) | |
| 1. 2. | Automobile Liability Private Passenger Commercial Automobile Physical Dama | | | | |
| 3. | Private Passenger Comme Liability Other Than Auto | ercial _ | | | |
| 4. | Burglary and Theft | - | | | |
| 5. | Glass | - | | | - |
| 6. | Fidelity | | | | |
| 7. | Surety | _ | | | |
| 8. | Boiler and Machinery | _ | | <u></u> | |
| 9. | Fire | | | | |
| 10. | Extended Coverage | | | | |
| 11. | Inland Marine | | | | |
| 12. | Homeowners | | | | |
| 13. | Commercial Multi-Peril | _ | | | |
| 14. | Crop Hail | | | | |
| 15. | Other Workers' Comp | | 35,864,584 | 0.1% | |
| | Elito of Intodi | u. 100 | | | |
| | this filing only apply to certai specify: | in territory (te | erritories) or certain o | classes? | |
| Brief o | description of filing. (If filing | follows rates | of an advisory organ | nization, specify organiz | ation): |
| | ord Underwriters Insurance C ing a loading for our own exp | | | | |
| • | isted to reflect all prior rate c ange in the company's prem | • | ich will result from ap | oplication of new rates. | |

12/5/2013

Hartford Underwriters Insurance Company
Name of Company
Susan Blanchard
Consultant Pricing
Official-Title

FORM (RF-3)

SUMMARY SHEET

| (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|---|---|
| Automobile Liability Private | - | |
| Passenger | | |
| Commercial | *************************************** | |
| Automobile Physical Damag | *************************************** | |
| Private Passenger | | |
| Commercial | | ************************************** |
| Liability Other Than Auto | | |
| Burglary and Theft | · · · · · · · · · · · · · · · · · · · | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | • | |
| Fire | | ************************************** |
| Extended Coverage | | |
| Inland Marine | | ************************************** |
| Homeowners | | |
| Commercial Multi-Peril | | - |
| Crop Hail | | *************************************** |
| Other Workers Compensation | \$5,173,892 | +2.38% |
| Life of Insurance | Ψ3,173,092 | T2.30 76 |
| Does filing only apply to certa Classes? If so, specify: No | ain territory (territories) or | certain |
| Brief description of filing. (If | filing follows rates of an ac | lvisory |
| Organization, specify | | |
| organization): | NorGUARD wishes to ame | nd its deviation from the |
| January 1, 2014 NCCI advisory rates et | fective April 1, 2014. | |
| | | |
| *Adjusted to reflect all prior ra **Change in Company's pren rates. | | from application of nev |
| | NorGUARD Insurar | nce Company |
| | | ne of Company |
| | | ate Filings Representative II |

Official - Title

FORM (RF-3)

SUMMARY SHEET

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|--|--|---|
| • | Automobile Liability Private Passenger | | |
| | Commercial | | |
| | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft Glass | | |
| | Fidelity | | |
| | Surety | 77 | *************************************** |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other | 48,156 | -12.6% |
| | Life of Insurance | | |
| | Does filing only apply to certa Classes? If so, | in territory (territories) or | certain |
| | specify: No No | | |
| | Brief description of filing. (If f | iling follows rates of an a | dvisorv |
| | Organization, specify | 3 | , |
| | organization): | Adoption of the NCCI Los | s Costs in Circular IL-2013-06 |
| | maintaining current multipliers. Our filing | is effective 4/15/14. | |
| | | | |
| | *Adjusted to reflect all prior ra **Change in Company's premates. | | It from application of nev |
| | | OneBeacon Ameri | ca Insurance Company |
| | | | me of Company |
| | | | ef Underwriting Officer |
| | | | Official - Title |

FORM (RF-3)

SUMMARY SHEET

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|---|--|---------------------------------------|
| ٠ | Automobile Liability Private | volume (minors) | _ Onlarige (1017) |
| | Passenger | | |
| | Commercial | | |
| | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other wc | 26,697 | E 40/ |
| | Life of Insurance | 20,097 | -5.4% |
| | Does filing only apply to certa Classes? If so, | in territory (territories) or | certain |
| | specify: No | | |
| | | · | |
| | Brief description of filing. (If fi | ling follows rates of an a | dvisory |
| | Organization, specify | | |
| | organization): | | s Costs in Circular IL-2013-06 |
| | amending our LCM from 1.00 to 1.04 eff | fective 4/15/14. | |
| | *Adjusted to reflect all prior ra | to changes | · · · · · · · · · · · · · · · · · · · |
| | **Change in Company's prem rates. | - | t from application of nev |
| | | OneBeacon Insur | ance Company |
| | | | me of Company |
| | | | ef Underwriting Officer |
| | | | Official Title |

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2014 New & Renewal

| ~ | (1) | (2) Annual Premium | (3) Percent |
|------------|--|--------------------------------|--|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | |
| _ | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. 12. | Inland Marine | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 13. | Homeowners Commorpial Multi-Paril | | - |
| 13. 14. | Commercial Multi-Peril | | |
| 15. | Crop Hail Other wc | A50.050.000 | 4.00/ |
| 13. | Line of Insurance | \$50,358,200 | -4.6% |
| • | Line of insurance | | |
| • | Does filing only apply to certa Classes? If so, specify: | in territory (territories) or | |
| | | | |
| | Brief description of filing. (If for Organization, specify | iling follows rates of an a | dvisory |
| | organization): | | visory Loss Costs. Applied an LCM of |
| | 1.593 to a group of preferred classes and | d a +15% deviated LCM of 1.833 | to a group of standard classes. |
| | | | |
| | *Adjusted to reflect all prior ra **Change in Company's premates. | | It from application of new |
| | . 5.55. | Dokin Ingurance C | omnony |

Pekin Insurance Company

Name of Company

Joseph R. Ricigliano - Vice-President Commercial Lines

Official — Title

Change in Company's premium or rate level produced by rate revision effective April 1, 2014

| | | (1) | (2) Annual Premium | (3) Percent |
|--------|---------------|-----------------------------------|--|--------------------------|
| | | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | | oile Liability | | |
| | | Passenger | | |
| | Comme | | | |
| 2. | | oile Physical Damage Passenger | | |
| | Comme | | • | |
| 3. | | Other Than Auto | | |
| 4. | | and Theft | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler ar | nd Machinery | | |
| 9. | Fire | | | |
| 10. | | d Coverage | | |
| 11. | Inland M | larine | | |
| 12. | Homeov | | | |
| 13. | | cial Multi-Peril | | |
| 14. | Crop Ha | | | |
| 15. | Other _ | Workers Comp | 1,100,000 (2013) | +8.7% |
| | | Line of Insurance | | |
| Does t | filing only a | oply to certain territory (terri | tories) or certain classes? If so, specify: | |
| | | | | |
| | | | es of an advisory organization, specify organiza | |
| | | | | |
| | | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Pioneer Specialty Insurance Company

Name of Company

Arlene Silvia -Sr. Product Development Analyst

Official - Title

| | MARY SHEET ge in Company's premium or rate level | produced by | | |
|--------|---|----------------------------|-------------------|--|
| rate r | evision effective | | April 01, 2014 | |
| | (1) | (2) Annual Premium | (3) Percent | |
| | Coverage | Volume (Illinois)* | Change (+ or -)** | |
| 1. | Automobile Liability Private | | | |
| | Passenger Commercial | | | |
| 2. | Automobile Physical Damage | | | |
| | Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Other Workers' Compensation Line of Insurance | 6,417,119 | -0.1% | |
| Does | this filing only apply to certain territory (| (territories) or certain o | classes? | |
| If so, | specify: | | No | |

12/5/2013

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Property and Casualty Insurance Company of Hartford will deviate 30% from the group rates. including a loading for our own expenses with an expense multiplier of 2.397.

* Adjusted to reflect all prior rate changes.

ILLINOIS DEPARTMENT OF INSURANCE

Property and Casualty Insurance Company of Hartford
Name of Company
Susan Blanchard
Consultant Pricing
Official-Title

^{**} Change in the company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) Annual Premium | (3) Percent |
|--|-------------------------------|--|
| Coverage - | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other wc | 43,944 | -21.2% |
| Life of Insurance | | |
| Does filing only apply to certa | in territory (territories) or | certain |
| Classes? If so, | | |
| specify: No | | |
| | | |
| Brief description of filing. (If fi | ling follows rates of an ac | dvisory |
| Organization, specify | | |
| organization): | | ss Costs in Circular IL-2013-06 |
| amending our LCM from 1.833 to 1.466 e | effective 4/15/14. | |
| *Adjusted to reflect all prior ra | to changes | ······································ |
| **Change in Company's prem | - | t from application of no |
| , , , | idili level Willer Will lesul | t nom application of nev |
| rates. | | |
| | OPI Matianal Income | anca Company |
| | OBI National Insura | |
| | Nar | ance Company ne of Company of Underwriting Officer |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's pre | mium or rate level | I produced by rate revision |
|-------------------------|--------------------|-----------------------------|
| effective 01/01/2014 | | |

| | (1) | (2) Annual Premium | (3) Percent |
|-----|---|-----------------------------------|---------------------------|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| _ | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | | | |
| 11. | Inland Marine | | |
| 12. | | | |
| 13. | | | |
| | Crop Hail | фо 74 04 7 | 0.00/ |
| 15. | Other Workers Compensation | \$271,247 | -3.3% |
| | Life of Insurance | | |
| | Does filing only apply to certain t | orritory (torritorios) or cortain | |
| | Classes? If so, | ermory (termones) or certain | |
| | specify: Not Applicable | | |
| | specify. Itel Applicable | · · · | |
| | Brief description of filing. (If filing | follows rates of an advisory | |
| | Organization, specify | , | |
| | organization): Adoption of NCCI | Loss Costs per Circular IL-20 | 013-06 |
| | , <u></u> | | |
| | | | |
| | *Adjusted to reflect all prior rate of | | |
| | **Change in Company's premium | n level which will result from | application of new rates. |
| | | | |
| | | RLI Insurance Cor | |
| | | | ne of Company |
| | | <u> Tom Hokanson - S</u> | Senior Analyst, I.D.A. |

Official - Title

| | nge in Company's premium or rate level revision effective | produced by | April 01, 2014 |
|------|--|---------------------------|------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)* |
| 4 | A demand to the title District | | |
| 1. | Automobile Liability Private | | |
| 2. | Passenger Commercial Automobile Physical Damage | | |
| ۷. | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | • | |
| 15. | Other Workers' Compensation | 20,392,302 | -0.1% |
| | Line of Insurance | | |
| | | | |
| Does | this filing only apply to certain territory (| territories) or certain o | classes? |
| | , specify: | , | No |

12/5/2013

Sentinel Insurance Company, Ltd. will deviate -25% from the group rates. including a loading for our own expenses with an expense multiplier of 1.383.

> Sentinel Insurance Company, Ltd.
> Name of Company Susan Blanchard Consultant Pricing Official-Title

^{*} Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

| Change in Company's preminer control of the control | um or rate level produced b | oy rate |
|--|---------------------------------------|-----------------------|
| (1) | (2) Annual Premium | (3) Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | · · · · · · · · · · · · · · · · · · · | |
| 11. Inland Marine | | - |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | 20,830,184 | -4.6% |
| Line of Insurance | | |
| Does filing only apply to certain If so, specify: no | territory (territories)or | certain classes? |
| Brief description of filing. (If organization, specify organization Adopt 1-1-2014 NCCI Loss Costs with class dev | on): NCCI | |
| Filing a new, independent, optional, small deduct | | d on the attachment. |
| * Adjusted to reflect all prior ** Change in Company's premium le result from application of new | rate changes. | |
| · | Sentry Insurance a Muti | |
| | Name of Compar | ny |
| | Mike Williams - Vice Pres | ident - Chief Actuary |
| | Official - Tit | |

| | | ective | | April 01, 2014 |
|-------|---------------|-----------------------------------|---------------------------|------------------|
| | | (1) | (2) Annual Premium | (3) Percent |
| | | Coverage | Volume (Illinois)* | Change (+ or -)* |
| 1. | Automol | oile Liability Private | | |
| ٠. | | ger Commercial | | |
| 2. | • | oile Physical Damage | | |
| | | Passenger Commercial | | |
| 3. | | Other Than Auto | | |
| 4. | | and Theft | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | - |
| 8. | Boiler ar | nd Machinery | | |
| 9. | Fire | | | |
| 10. | Extende | d Coverage | | |
| 11. | Inland M | larine | | |
| 12. | Homeow | ners | | |
| 13. | Commer | cial Multi-Peril | | |
| 14. | Crop Ha | il | | |
| 15. | Other | Workers' Compensation | 18,073,392 | -0.1% |
| | | Line of Insurance | | |
| Dooc | thic filing o | only apply to certain territory (| torritorios) or cortain o | danna? |
| | , specify: | only apply to certain territory (| terniones) or certain c | No |
| 11 50 | , specity. | | | INO |

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Filing Date:

12/5/2013

Trumbull Insurance Company
Name of Company
Susan Blanchard
Consultant Pricing
Official-Title

| | IOIS DEPARTMENT OF INSURANCE MARY SHEET | | |
|--------|---|---------------------------|-------------------|
| | ge in Company's premium or rate level evision effective | produced by | April 01, 2014 |
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private | | |
| ٠. | Passenger Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation Line of Insurance | 52,105,066 | 0.0% |
| | | | |
| | this filing only apply to certain territory (| territories) or certain o | classes? |
| If so, | specify: | | No |

12/5/2013

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Twin City Fire Insurance Company will deviate 00% from the group rates. including a loading for our own expenses with an expense multiplier of 1.844.

Twin City Fire Insurance Company
Name of Company Susan Blanchard Consultant Pricing Official-Title

^{*} Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective April 1, 2014

| | | (1) | (2) Annual Premium | (3) Percent |
|---------|--------------|----------------------------------|--|--------------------------|
| | | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automo | bile Liability | | |
| | | Passenger | | |
| | Comme | | | |
| 2. | | bile Physical Damage | | |
| | | Passenger | | |
| | Comme | | | |
| 3. | | Other Than Auto | | |
| 4. | | and Theft | <u> </u> | |
| 5. | Glass | | | |
| 6. - | Fidelity | | | |
| 7. | Surety | | | |
| 8. | | nd Machinery | | |
| 9. | Fire | | | |
| 10. | | d Coverage | | |
| 11. | Inland M | | | |
| 12. | Homeov | | | |
| 13. | | rcial Multi-Peril | | |
| 14. | Crop Ha | | | |
| 15. | Other _ | Workers Comp | 9,500,000 (2013) | 0.0% |
| | | Line of Insurance | | |
| Does f | iling only a | pply to certain territory (terri | tories) or certain classes? If so, specify: | |
| No | | | | |
| | | | | |
| | | | | |
| | | | es of an advisory organization, specify organization | |
| Adopt | NCCI loss | s costs (Approval Circular | IL-2013-06), change LCM, and deviate class 8 | 3835. |
| | | | | |
| | | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Western National Mutual Insurance Company

Name of Company

Arlene Silvia - Sr Product Development Analyst

Official - Title

| | | (1) | (2) Annual Premium | (3) Percent |
|----------|-------------|---|---|---------------------------------|
| | | <u>Coverage</u> | Volume (Illinois)* | Change $(+ \text{ or } -)^{**}$ |
| 1. | Privat | obile Liability e Passenger | | |
| 2. | Automo | nercial bbile Physical Damage e Passenger | | |
| 3. | | y Other Than Auto | | |
| 3. 4. | | y and Theft | | |
| 5. | Glass | y and There | | |
| 6. | Fidelity | , | | |
| 7. | Surety | | | |
| 8. | | and Machinery | | |
| 9. | Fire | | | |
| 10. | Extende | ed Coverage | | |
| 11. | Inland l | | | |
| 12. | Homeo | | | |
| 13. | Comme | ercial Multi-Peril | | |
| 14. | Crop H | | | |
| 15. | • | Workers' Compensation | 13,649,388 | -4.6 |
| | | Line of Insurance | | |
| | | | | |
| | filing only | apply to certain territory (ten | ritories) or certain classes? If so, specify: | |
| NA | | | | |
| | | | | |
| | | | | |
| | | | ates of an advisory organization, specify of | organization): |
| Ador | oting the 1 | /1/14 rate change with a an o | overall premium level change of -4.5. | |

Westfield Insurance Co.
Name of Company

Rhonda Roberts, CIC
Line of Business Specialist
Commercial Underwriting Office
Official - Title

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

| | | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------|------------------------|-----------------------------------|---|-------------------------------|
| | | COVERAGE | voidine (Inniois) | Change (1 of 1 |
| 1. | | obile Liability | | |
| | Private Passenger | | | |
| | Commercial | | | |
| 2. | Automo | obile Physical Damage | | |
| | Privat | e Passenger | | |
| | Comm | nercial | - | |
| 3. | Liabilit | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Other | Workers' Compensation | | -7.6 |
| | | • | 585,885 | |
| | | Line of Insurance | | |
| | | | | |
| Ooes f | iling only | apply to certain territory (ter | ritories) or certain classes? If so, specify: | |
| N/A | | | | |
| | | | | |
| | | | | |
| Brief o | lescription | n of filing. (If filing follows i | rates of an advisory organization, specify of | organization): |
| Adop | ting the 1 | /1/14 rate change with an ov | erall premium level change of -4.5. | , |
| | | | nd approved deviations for group I, II, III, | and group IV. |

Westfield National Insurance Co.
Name of Company

Rhonda Roberts, CIC
Line of Business Specialist
Commercial Underwriting Office
Official - Title

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.